

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32229

State File No.

FILED OCT 14 1952

BIRTH NO.		REG. DIST. NO. <u>191</u>		PRIMARY REG. DIST. NO. <u>2721</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY OR TOWN <u>Rural Green Twp.</u> c. LENGTH OF STAY (in this place) <u>30 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles South of Utica</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> c. CITY OR TOWN <u>Rural Green Twp.</u> d. STREET ADDRESS <u>2 1/2 miles South of Utica</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nicholas</u> b. (Middle) <u>John</u> c. (Last) <u>Summer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 20, 1896</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Springfield, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John George Summer</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilde Hoffman</u>		14. NAME OF HUSBAND OR WIFE <u>Name</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara W. Brown; Mooresville Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral stenosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 14, 1951</u> , to <u>Oct 7, 1952</u> , that I last saw the deceased alive on <u>Oct 3, 1952</u> and that death occurred at <u>2:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. W. Carpenter MD</u>		23b. ADDRESS <u>Chillicothe Mo.</u>		23c. DATE SIGNED <u>10-10-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Utica</u>		24d. LOCATION (City, town, or county) (State) <u>Utica, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-10-52</u>		REGISTRAR'S SIGNATURE <u>Lucie L. O'Quinn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>		ADDRESS <u>Chillicothe Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 26 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Elton F. Norman

Licensed Embalmer No. *4036*

P. O. Address. *Chillicothe, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.